ACTON BOARD OF HEALTH ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER Facility Name: Type of Business: Address: Telephone: Contact Person: Housekeeping: Is area clean: Are spills present: no Is there appropriate storage of materials: no Are materials and wastes kept separate: Are spill cleanup materials available: no Materials have secondary containment: no Are materials and wastes labeled: no Safety: line Are MSDSs available on site: Is employee personal protective equipment available on site: no Are employees trained in hazardous materials handling: no Are emergency procedures posted: no environmental Site Management: Are wastes removed by a licensed hauler: yes Are floor drains present in any area with hazardous materials or waste: no Are sinks present in any area with hazardous materials or waste: yes no Is testing of septic system necessary: Does site plan on file reflect current arrangement: Any UST (underground storage tank) present: If LIST present is it alarmed: **Action Items** Date: Reinspection required? Representative Signature/Date Inspector Signature/Date